## **NOTIFICATION OF MULTICANDIDATE STATUS**

PAGE 1 / 1

(See reverse side for instructions)

This form should be filed after the Committee qualifies as a multicandidate committee.

1. (a) NAME OF COMMITTEE IN FULL CRAY INC EMPLOYEE POLITICAL ACTION COMMITTEE (AKA CRAY PAC)							
	(b) Number and Street Address 241 18TH STREET SUITE 610 (c) City, State and ZIP Code				2. FEC IDENTIFICATION NUMBER C00458547 3. TYPE OF COMMITTEE (check one) STATE PARTY		
Loo	ertify that <b>one</b> of the following situations is correct (co			22202	OTHER		
4.							
Committee Name:							
	FEC Identification Number:						
	(a) Candidates: The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):						
		Name		Office Sought	State/District Date		Date
	(i)	RODNEY P. FRELINGHUYSEN		House	NJ	11	02/24/2016
	(ii)	RONALD JAMES KIND		House	WI	03	03/15/2016
	(iii)	MARK STEVEN KIRK		Senate	IL	00	03/02/2016
	(iv)	RICK LARSEN		House	WA	02	03/16/2016
	(v)	RICHARD M BURR		Senate	NC	00	07/28/2015
<ul> <li>(b) Contributors: The committee received a contribution from its 51st contributor on: 04/01/2016</li> <li>(c) Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 01/15/2009</li> <li>(d) Qualification: The committee met the above requirements on: 04/12/2016</li> </ul>							
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  TYPE OR PRINT NAME OF TREASURER  SIGNATURE OF TREASURER  [Electronically Filed] DATE							<del></del>
Ms J	lill Yacone H	opper	Ms Jill Yacone Hopp	As Jill Yacone Hopper		- 1	/2016
NOT	E: Submission	on of false, erroneous, or incomplete in ANY CHANGE IN INF		t the person signing this Sta D BE REPORTED WITHIN		oenalties of	2 U.S.C. §437g.

For further information contact:
Federal Election Commission, Washington, DC 20463
Toll-free 800-424-9530
Local 202-694-1100

**FEC FORM 1M**